



Jump'n Jellybeans Childcare Centre

207-836 1st Ave NW

Airdrie, AB T4B 0V2

THIS AGREEMENT, made as of the ____ day of ____, 202 between:

Jump'n Jellybeans Inc.

Operating under the trade name of Jump'n Jellybeans Childcare Centre

(Hereinafter called the "Centre")

-- And --

Parent(s)/Guardian(s)

(Hereinafter called the "Parents")

The parents desire to register the following child in the Centre:

(Hereinafter called the "Child")

In order to co-operate and satisfy the interests of the Centre and the parents, and to meet the provincial, regional and the child care program requirements, mutually agree the following:



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1. Medication will not be administered to the child in care unless prior written permission along with the doctor's instructions have been given by the parent(s).
- 2. It is the parents' responsibility to make sure that their child is in his/her room, and the staff in the room is aware of the child's arrival.**
3. If the child's presence at the Centre is in conflict with the established sickness policy, the parents will make arrangements to pick up their child within a reasonable period of time. The Centre is not required to accept on any given day ill children, and there is no rebate for missed days due to illness.
4. It is understood that the Centre will not accept the child in case of illness under the sickness policy.
5. In the event of an emergency where parents cannot be reached, the parents hereby grant permission for the release of any medical information and for medical treatment to be obtained from their doctor, or any doctor selected by the Centre. Any expenses incurred in the emergency will be reimbursed to the Centre by the parents.
6. The parents will supply the following:
 - A change of clothing
 - Blanket, small pillow and or soft animal for nap time
 - Diapers and wipes
 - One pair of indoor shoes
 - Reusable labeled water bottle
 - Labeled sun screen
 - Summer/winter appropriate clothing

All items should be labeled with the child's name.

No toys may be brought from home (except a sleep toy). If a toy is brought from home, the Centre accepts no liability for it.

Children are expected to arrive dressed comfortably. The Centre bears no responsibility for damaged clothes during activities.

7. All children will be participating in indoor and outdoor planned activities that may include sand and water play.
8. Jump'n Jellybeans Childcare Centre is peanuts, nuts free facility. Children are not allowed to bring any kind of outside food or drinks to the daycare, with an exemption for children who need a special diet.



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While every effort is made to accommodate food allergies, the Centre bears no responsibility for accidental exposure to allergens.

9. The child **will not be released** to anyone other than the parents or as listed in written on the child registration form by the parents. Copies of any Court Orders regarding non-custodial parents are required.

10. The Centre and parents have discussed the following before placement of the child(ren):

- Admission/Registration
- Withdrawal / Termination of care
- Holidays - Centre Closures
- Fees and Programs
- Child guidance policy or approaches
- Program of daily activities
- Nutritional lunch and snacks
- Hours of arrival and departure and days of care
- Sickness policy
- Start date
- School transportation
- Anything else relating to the day to day care of the child

11. I am /we are contracting for (please check):

☐ **Full Time Daycare Program**

☐ **Full Time Out of School Program**



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12. Yes, ____ I give my permission for pictures of my child to be taken and used for documentation purposes

No, ____ I do not give my permission for pictures of my child to be taken or used for any purpose.

Declaration

I/We _____ have read, understood and agree to comply with Jump'n Jellybeans Childcare Centre Program Policies and Procedures as outlined in the Parent Handbook and this agreement.

Janet Saliba
Jump'n Jellybeans Childcare Centre

Parent's Signature

Parent's Signature



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Enrolment/Child Profile

Start Date: ____/____/____
mm dd yy

- **Name of Child:** _____

Birthdate: ____/____/____
mm dd yy

Alberta Health Care # _____

Child's address: _____

- **Custodial Parent(s):**

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Employment Address: _____

Employment Address: _____

Business Phone: _____

Business Phone: _____

E-mail Address: _____

E-mail Address: _____

- **Emergency Contact**

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Address: _____

Address: _____



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-
- Allergies: _____

(Action to be taken) _____

-
- To whom may your child(ren) be released(Sixteen years or older):

-
- Is there anyone NOT allowed access to your child:

-
- We can best serve your Child's need when we have full knowledge of your Child's interests, likes, dislikes and other circumstances. Please briefly answer the following questions:

1. Does your child have any special needs that must be provided for:

Medical: _____

Physical: _____

Religious: _____

Dietary: _____

Language: _____

2. Please briefly describe your child's daily schedule. (Naps, eating habits, activities, fears, etc.)



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3. Please list your child's likes and dislikes. (This information is very valuable to the provider when planning their menus and daily program plans.)

4. Cultural preferences, holidays and traditions the family share if and how you are willing to share your practices.

5. Family beliefs, expectations and related experiences.

6. Is there any other information you would like to share or anything that may affect your child's care? (e.g., toilet training)



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-
- On admission of my child _____ to the Jump'n Jellybeans Childcare Program, I agree to co-operate fully with the requirements of the program.
 - I will inform Jump'n Jelly beans Childcare Centre of any changes to my family information.
 - I hereby give permission to release any confidential information on my children in case of an emergency.
 - I hereby release Jump'n Jellybeans Childcare Centre, its agents, servants, owners, and employees from all and any liability for any personal or consequential injury or illness occurring to my child while my child is in the care of the program, unless accident was caused by willful misconduct of negligence.

Janet Saliba
Jump'n Jellybeans Childcare Centre

Parent's Signature

Parent's Signature



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Jump'n Jellybeans Childcare Centre

Immunization Verification

Declaration:

Date: _____

I/We _____ do verify that my child _____
immunization vaccinations are up to date as recommended by Alberta Health Services.

(As shown in the Routine Immunization Schedule in the next page.)

Source: Alberta Health Services

<http://www.health.alberta.ca/health-info/imm-routine-schedule.html>

Signature: _____

Routine Immunization Schedule

Effective: January 1, 2021

Age	Vaccine
2 months	<ul style="list-style-type: none"> •DTaP-IPV-Hib-HB 1 •Pneumococcal conjugate (Pneu-C13) Rotavirus
4 months	<ul style="list-style-type: none"> •DTaP-IPV-Hib-HB •Pneumococcal conjugate (Pneu-C13) •Meningococcal conjugate (MenconC) Rotavirus
6 months	<ul style="list-style-type: none"> •DTaP-IPV-Hib-HB •Pneumococcal conjugate (Pneu-C13) (for high risk children only) Rotavirus
6 months and older	Influenza 2 (annually)
12 months	<ul style="list-style-type: none"> •MMR-Var 3 •Meningococcal conjugate (MenconC) Pneumococcal conjugate (Pneu-C13)
18 months	<ul style="list-style-type: none"> •DTaP-IPV-Hib •MMR-Var 3
4 Years	<ul style="list-style-type: none"> •dTAp-IPV 4 •MMR-Var 3 (if not received at 18 months)
Grade 6	<ul style="list-style-type: none"> •Hepatitis B (2 doses) •HPV 5 (2 doses)
Grade 9	<ul style="list-style-type: none"> •dTAp 6 •MenC-ACYW 7

Note: Each bullet represents one vaccine/injection unless otherwise noted.

- 1 – Diphtheria, tetanus, acellular pertussis, polio, haemophilus influenzae type b, hepatitis b
- 2 – Annually, during influenza season
- 3 – Measles, mumps, rubella, and varicella
- 4 – Diphtheria, tetanus, acellular pertussis, polio
- 5 – Human papillomavirus
- 6 – Diphtheria, tetanus, acellular pertussis
- 7 – Meningococcal Conjugate Vaccine (Groups A, C, W-135 and Y)



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JUMP'N JELLYBEANS CHILDCARE CENTRE /PARENT OFFSITE AGREEMENT

Date: ____/____/____
mm dd yy

I _____ hereby give Jump'n Jellybeans Childcare Centre permission to take my child _____ offsite, which may be planned as part of the daily program.

- Neighborhood walks

Janet Saliba
Jump'n Jellybeans Childcare Centre

Parent's Signature



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Sunscreens and Bug Sprays Permission

Name of Child: _____

Birthdate: ____/____/____
mm dd yy

Date: ____/____/____
mm dd yy

- I _____ ☐ give / ☐ don't give permission for my child to have sunscreen applied by my child's educator, during the spring/summer months (April to September) and between peak sun hours 10a.m. to 4 p.m. when he/she will be playing outside.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs.

- I am aware that mosquitoes carry the West Nile Virus, and that all possible precautions should be taken to avoid any possible infection in summer, so I give permission for my child's educator to apply bug repellent to my child when he/she will be playing outside. I understand the repellent will not be applied to his/her face or hands.
- I agree to provide the products for Jump'n Jellybeans Daycare Centre to use and declare that the products:
 - are deemed safe for my child age.
 - have not passed their expiry date.
- I agree to have these products labeled with my child's first and last name.

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VEHICLE TRANSPORTATION AGREEMENT

Name of Child: _____

Birthdate: ____/____/____
mm dd yy

Date: ____/____/____
mm dd yy

I _____ hereby give Jump'n Jellybeans Childcare Centre permission to transport my child on any outings, field trips and/or from the Childcare Centre to school and back which may be planned as part of the daily program and agree to the following conditions:

- 1- Jump'n Jellybeans Childcare Centre operates vehicles only in safe operating condition.
- 2- Jump'n Jellybeans Childcare Centre's insurance coverage is a minimum of \$2,000,000.00.
- 3- My child will be seated in an approved booster seat. According to the Alberta Traffic law, children six years and older who weight more than 40 pounds will not need to use a booster seat.
- 4- I may need to verify my child's weight with a doctor's note if requested by Jump'n Jellybeans Childcare Centre.
- 5- I am responsible for transporting my child to school if I miss the morning bus.
- 6- I do understand that Jump'n Jellybeans Childcare Centre will supervise only kindergarten children going to their classes, grade one and older will be directed to go to their doors once supervisors are out on the school premises.
- 7- **Jump'n Jellybeans Childcare Centre will NOT transport children to or from schools on days when Alberta Education has cancelled their school bus transportation.**

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Jump'n Jellybeans Childcare Centre

Parent's Signature



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Payor's Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print):

Name: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Number: _____

2. Bank Account Information:

Deposit Account Number:

--	--	--	--	--	--	--	--	--	--

Branch Transit Number:

--	--	--	--	--

Financial Institute Number:

--	--	--

☐ Chequing Account

☐ Saving Account

Financial Institute Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize:

Jump'n Jellybeans Childcare Centre.

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to debit the bank account identified above for \$_____ on the 01st of every month or the next business day.

These Services are for ☐ Personal ☐ Business

You, the payor, may revoke your authorization at any time in written subject to providing notice of 30 days.

For more information on your right to cancel a PAD agreement, contact your financial institute or visit www.cdnpay.ca

Signature of Account Holder (or joint account holder if applicable): _____

Name(s): _____

Date: _____



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Parents Orientation Checklist

Date: ____/____/____
mm dd yy

I _____ was introduced to the policies and procedures of Jump'n Jellybeans Childcare Centre as following,

- | | |
|---|--|
| <input type="checkbox"/> Philosophy | <input type="checkbox"/> Supervision Policy and Practices |
| <input type="checkbox"/> Mission Statement | <input type="checkbox"/> Outdoor policy |
| <input type="checkbox"/> Admission/Registration | <input type="checkbox"/> Nap Time Policy |
| <input type="checkbox"/> Withdrawal / Termination of care | <input type="checkbox"/> Surveillance Cameras policy |
| <input type="checkbox"/> Holidays - Centre Closures | <input type="checkbox"/> Children's Clothing and Footwear Policy |
| <input type="checkbox"/> Centre Closures (as a result of emergency) | <input type="checkbox"/> Child/Staff Interaction Policy |
| <input type="checkbox"/> First day checklist | <input type="checkbox"/> Daily Routine Review Policy and Procedure |
| <input type="checkbox"/> Communication Policy | <input type="checkbox"/> Parent Involvement Policy/ Parent Volunteer |
| <input type="checkbox"/> Visitors | <input type="checkbox"/> Family support Policy |
| <input type="checkbox"/> Fees and Programs | <input type="checkbox"/> Referral policy |
| <input type="checkbox"/> Child Discipline Policy | <input type="checkbox"/> Observation and documentation policy |
| <input type="checkbox"/> Off-site Activity and Emergency Evacuation | <input type="checkbox"/> Children's Photos |
| <input type="checkbox"/> Fieldtrip and outings safety policy | <input type="checkbox"/> Inclusion Policy |
| <input type="checkbox"/> Accident or Illness | <input type="checkbox"/> Code of Ethics |
| <input type="checkbox"/> Incident Reporting | <input type="checkbox"/> Distal supervision policy |
| <input type="checkbox"/> Health policy | <input type="checkbox"/> Communication Policy |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Visitors |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Transition |



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-
- | | |
|---|---|
| <input type="checkbox"/> Manner of Feeding | <input type="checkbox"/> Physical Space |
| <input type="checkbox"/> Sun screen safety policy | <input type="checkbox"/> Bullying Policy |
| <input type="checkbox"/> Confidentiality Policy | <input type="checkbox"/> Child Involvement Policy |
| <input type="checkbox"/> Suspected Child Abuse Policy | <input type="checkbox"/> School Partnership Policy |
| <input type="checkbox"/> Child attendance and record policy | <input type="checkbox"/> Volunteer Policy |
| <input type="checkbox"/> Emergency Procedure | <input type="checkbox"/> Compliance with Policies of the Centre |
| <input type="checkbox"/> Fire drills | |
| <input type="checkbox"/> Homework policy | |
| <input type="checkbox"/> Children's Physical development | |

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The Government Affordability Grant or Subsidy for the Out of School Program

Name of Child: _____

Date: ____/____/____
mm dd yy

I _____ acknowledge and understand that the Government Affordability Grant or Subsidy for the OSC program are based on my child's attending hours.

☐ Full time Daycare Program and Kindergarten:

My child must attend for at least 100 hours per month to receive the full approved amount of the Government Affordability Grant.

☐ Full time Out of School Program:

My child must attend for at least 50 hours per month to receive the full approved amount of Subsidy

I also understand that if my child does not attend the daycare for the required hours,

* Children's Services **may not pay the full amount** of the Government Affordability Grant.

* Subsidy payments maybe **pro-rated** by Children's Services depending on the actual hours my child attended daycare.

* I will pay Jump'n Jellybeans Childcare Centre the difference between the maximum eligible amount and the actual payment from Children's Services.

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The Government Affordability Grant Release of Information Form

Date: ____ / ____ / ____
mm dd yy

Name of Child: _____

Each child registered at Jump'n Jellybeans Childcare Centre in the full-time daycare program will have a unique number that will be generated by the government to qualify for the Affordability Grant.

This requires our Centre to enter the child and parents' personal information requested by the government on the online portal.

For the sole purpose of the above,

I / we _____ acknowledge and consent Jump'n Jellybeans Childcare Centre to share our personal information with the Government of Alberta to receive the Government Affordability Grant.

Such information includes:

- Child's name, birthdate, address....
- Parents' name, address, contact information like phone numbers and emails.

*Please note: Without this permission, your child will not be qualified for the Affordability Grant through the Government of Alberta.

Janet Saliba

Jump'n Jellybeans Childcare Centre

Parent's Signature